

STATE OF CALIFORNIA * DEPARTMENT OF TRANSPORTATION

TRANSPORTATION PERMIT

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

NAME				PERMIT VALID: FROM: TO: MOVING AUTHORIZED: SATURDAY: SUNDAY: NIGHT:		PERMIT NUMBER: THIS PERMIT NOT VALID WITHOUT THE FOLLOWING ATTACHMENTS: _____ PERMIT CONDITIONS _____ HOLIDAY RESTRICT _____ _____ _____ REFER TO CAL TRANS PERMIT CONDITIONS				
ADDRESS										
CITY/STATE/ZIP										
OFFICE PHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)								
(DESCRIPTION OF LOAD OR EQUIPMENT AND MODEL NO. INCLUDE DIMENSIONS OF LOAD) AUTHORIZATION IS GRANTED FOR THE FOLLOWING:										
	HAUL		DRIVE		TOW					
DIMENSIONS OF LOAD:										
DESCRIPTION OF HAULING EQUIPMENT:										
VEHICLE WIDTH:		SEMI-TRAILER LENGTH:		KINGPIN TO LAST AXLE:		COMB. VEHICLE LENGTH:				
AXLE NUMBER		1	2	3	4	5	6	7	8	9
NUMBER TIRES PER AXLE										
DISTANCE BETWEEN AXLES										
WIDTH OF AXLES @ TIRE SIDEWALL										
MAXIMUM ALLOWABLE WEIGHT										
LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE SHOWN ABOVE ARE NOT AUTHORIZED										
LOADED HEIGHT:	LOADED WIDTH:		LOADED OVERALL LENGTH:			LOADED OVERHANG:		WEIGHT CLASS:		
ORIGIN:			DESTINATION							
AUTHORIZED STREET/ROADS/*OTHER AGENCY PERMITS REQUIRED			POINT OF ORIGIN:							
ALL REGULATIONS AND RESTRICTIONS PER CAL TRANS PERMIT NO. _____ APPLY.										
PILOT CAR:			YES <input type="checkbox"/> NO <input type="checkbox"/>							
CASH OR EXEMPT INFORMATION:			APPLICANT SIGNATURE:							
FEE: \$90.00	NUMBER OF TRIPS: MULTIPLE		AUTH. AGENT							
REQUESTED ROUTE (INCLUDE ADDRESS OF ORIGIN AND DELIVERY SITE):										
CONTACT PERSON:										



CITY OF LODI
 PUBLIC WORKS DEPARTMENT
 221 W. PINE STREET 333-6706
 LODI, CA 95241